



Receipt

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Group Art Unit: 2152

Serial No.: 09/746,969

Filed: December 22, 2000

**For: RADIOLOGICAL IMAGE
MANAGEMENT SYSTEM
CONFIGURATION AND SELECTION
METHOD AND APPARATUS**

Examiner: Unassigned

Atty Docket: GEMS:0119/YOD
15-EC-5770

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Assistant Commissioner
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CERTIFICATE OF MAILING
37 C.F.R. 1.8

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as First Class Mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231, on the date below:

March 19, 2001
Date

Carla Deblaw

Sir:

REQUEST FOR CORRECTED FILING RECEIPT

A corrected filing receipt is hereby requested in view of the error which appears in the original. For the convenience of the Patent and Trademark Office, attached is a photocopy of the original receipt on which the error has been crossed out in black and the correction has been highlighted in yellow.

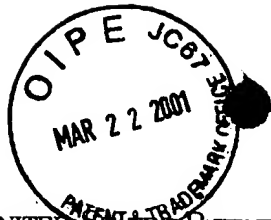
Because the error is not due to any error by Applicants, no fee is believed to be due in connection with the filing of this document. However, should any fee under 37 C.F.R. §§ 1.16 to 1.21 be deemed necessary for any reason relating to this document, the Commissioner is hereby authorized to deduct said fee from Deposit Account No. 07-0845; Order No. 15-EC-5770/YOD (GEMS:0119).

Respectfully submitted,

Date: March 19, 2001

Ralph Graham

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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO	DRAWINGS	TOT CLAIMS	IND CLAIMS
09/746,969	12/22/2000	2152	1132	GEMS:0119/YOD 15-EC-5770	6	39	4

CONFIRMATION NO. 1164

FILING RECEIPT



OC000000005850714

Patrick S. Yoder
 Suite 330
 7915 FM 1960 West
 Houston, TX 77070

Date Mailed: 03/12/2001

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the PTO processes the reply to the Notice, the PTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s) Chicago
 Edward J. Panelli, Chicago, IL;

Continuing Data as Claimed by Applicant

Foreign Applications

If Required, Foreign Filing License Granted 03/10/2001

Projected Publication Date: 06/27/2002

Non-Publication Request: No

Early Publication Request: No

Title

Radiological image management system configuration and selection method and apparatus

Preliminary Class

709

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MAR 16 2001

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Bib Data Sheet

CONFIRMATION NO. 1164

SERIAL NUMBER 09/746,969	FILING DATE 12/22/2000 RULE	CLASS 709	GROUP ART UNIT 2163	ATTORNEY DOCKET NO. GEMS:0119/YOD 15-EC-5770
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APPLICANTS

Edward J. Panelli, Chicago, IL;

** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 03/10/2001

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY IL	SHEETS DRAWING 6	TOTAL CLAIMS 39	INDEPENDENT CLAIMS 4
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

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TITLE

Radiological image management system configuration and selection method and apparatus

FILING FEE RECEIVED 1132	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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